Public Service Commission of South Carolina 101 Executive Center Dr., Suite 100 Columbia, SC 29210



SEP 2 0 2011

Phone: 803-896-5100 Fax: 803-896-5199 www.psc.sc.gov

Print

Complaint Form

Date: September 7, 2011 Frotestant
Complainant or Legal Representative Information: * Required Fields
Name * Jeannie B. Sleigher
Firm (if applicable)
Mailing Address * 305B Cinda Leigh Drive
City, State Zip * Lexington SC 29073 Phone * 803-356-2166
E-mail * jsleigher@juno.com
Name of Utility Involved in Complaint: * Carolina Water Svc., Inc.
NOTE: If AT&T is the utility involved, please complete the attachment located at the end of this form.
Type of Complaint (check appropriate box below.) *
Billing Error/Adjustments Deposits and Credit Establishment Wrong Rate Refusal to Connect Service Disconnection of Service Payment Arrangements Water Quality Line Extension Issue Service Issue Meter Issue  Other (be specific) Water / Sewage charges TOO high
Name of
Have you contacted the Office of Regulatory Staff (ORS)? * Yes No ORS Contact:
Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)
weeks, do not use a dishwasher, and have no leaking pipes or running toilets.  I work two jobs so my time at home is very limited, yet I pay more for water/sewage than friends with families of four or more living in West Columbia and Cayce.
Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)
I am requesting the PSC deny not only this request but ANY request from Carolina Water for rate increases.
STATE OF SOUTH CAROLINA ) VERIFICATION
COUNTY OF Lexington Internal Use Only
I, Jeannie B. Sleigher verify that I have read my complaint filed on 09/07/2011  Complainant's Name *  and know the contents thereof, and that said contents are true.  Complainant's Signature *  Processed By: Date*  Date *  H.E.  H.E.